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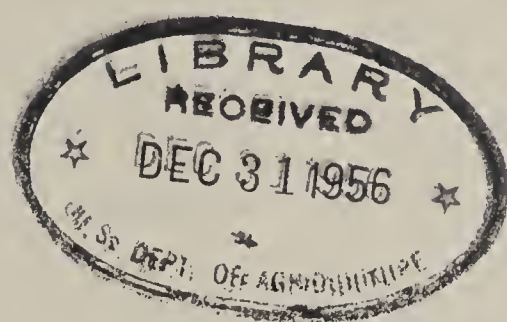


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MAJOR MEDICAL EXPENSE INSURANCE PLAN  
FOR FEDERAL EMPLOYEES AND THEIR DEPENDENTS







## MAJOR MEDICAL EXPENSE INSURANCE PLAN FOR FEDERAL EMPLOYEES AND THEIR DEPENDENTS

The health insurance plan described in the following pages results from careful study of the health insurance needs of Federal employees and of the variety of health insurance plans available to meet these needs.

The health insurance needs of Federal employees are twofold:

1. Protection against the cost of illness which involves relatively short hospital stays and normal surgical procedures.
2. Protection against the costs of serious illness or injury which may require months of treatment both in and out of the hospital.

A sample survey of Federal employees shows that most carry basic hospital and surgical insurance to take care of the first need. Those who do not have such insurance can get it at the local level for a modest cost.

The second need is not now being met by or for Federal employees. "Major medical expense insurance", designed to meet this need, is not available individually except at a cost prohibitive for most employees; in fact, many employees could not get it even if willing to pay the high premiums. It is the type of insurance that can be provided economically only on a group basis. It can be purchased by the Government on a low-cost basis similar to the purchase of Federal Employees' Group Life Insurance.

Group major medical expense insurance is usually sold to employers as a supplement to a uniform basic health insurance plan. Federal employees, however, carry a great variety of basic health insurance plans with a great variety of benefit provisions. The problem to be solved in development of a major medical expense insurance plan for Federal employees was that of finding the point at which major medical expense insurance should begin. What kinds and amounts of medical expense are usually taken care of by basic health insurance? Specifically, when would medical expenses begin to become catastrophic for the average Federal employee?

After consideration of the many existing basic health insurance programs, it has been found that, in a serious illness, basic hospital and surgical insurance will cover most or all of the first \$500 of hospital expenses and the first \$250 of surgical fees. This cost area has, therefore, been "assigned" to those





basic health insurance plans, and deductibles of \$500 and \$250 have been set for these purposes. Since these deductibles can be offset by basic health insurance benefits the Federal employee who carries basic health insurance will have a minimum of out-of-pocket expense before the major medical expense insurance takes over in the serious illness which involves hospitalization or surgery or both.

Basic health insurance plans are not usually designed to take care of medical expenses not billed by a hospital or a surgeon. Yet the expenses involved in general medical care and for such items as private nurses, prescriptions, home and office doctor's visits, ambulances and the like can mount up during the year to assume catastrophic proportions, whether or not a serious illness is involved. Another problem faced in development of this major medical expense insurance was that of segregating the normal, routine, and therefore budgetable, medical expenses from those of a catastrophic nature.

The amount fixed, after study of the problem, was \$100 annually for the average Federal employee and for each dependent. The employee will be expected to meet this amount out of his own pocket. Higher initial "deductibles" for non-hospital, non-surgical expenses are set for higher-salaried employees. These employees can budget higher amounts for medical care.

The major medical expense insurance program differs for eligible retired employees and those over sixty-five. The differences are accounted for by two findings:

1. Many older persons are unable to obtain or keep adequate basic health insurance.
2. One of the major deterrents to health insurance for older persons has been the anticipated high cost of hospital room and board utilization.

The major medical expense insurance will, therefore, start for these persons after \$200 of expenses has been incurred in a calendar year. Any basic health insurance benefits can be credited towards this amount. Hospital room and board charges will be reimbursable only if the retired or older employee chooses to draw against his group life insurance up to one-half its ultimate amount. This method of providing room and board benefits will keep the cost of the insurance within reasonable limits.

Major medical expense insurance will be provided through amendment to the Federal Employees' Group Life Insurance Act. Employees currently covered by group life insurance will be automatically insured for major medical expense insurance. New



employees will be insured for both unless they specifically waive coverage. It is intended to briefly reopen enrollment in the group life insurance program in order to give employees who previously waived group life insurance a chance to sign up for the expanded benefits (without medical examination).

The present employee bi-weekly contribution of 25 cents per thousand of group life insurance will be continued without change under the expanded program. The present Government contribution of  $12\frac{1}{2}$  cents per thousand bi-weekly, which is one-half the employees' contribution, will be increased to 25 cents bi-weekly, thus matching the employees' contribution. The cost of the combined program will thus be shared equally between the Government and its employees.

The details of the major medical expense insurance plan follow.





## TABLE OF CONTENTS

	<u>Page</u>
Summary	1
Part A. Benefits Prior to Retirement or Age 65.....	4
Part B. Benefits After Retirement or Age 65.....	5
Part C. Covered Expenses.....	6
Part D. Expenses Not Covered.....	7
Part E. Other Benefit Provisions.....	8
Part F. Definitions.....	10
Part G. Effective Date of Insurance.....	13
Part H. Discontinuance of Insurance.....	13
Part I. Major Medical Expense Insurance After Retirement.....	14
Part J. Claims and Benefits.....	14
Part K. Certificate.....	15
Part L. Amendment or Termination.....	15
Part M. Payment of Benefits.....	15





SUMMARY

FEDERAL EMPLOYEES' MAJOR MEDICAL EXPENSE INSURANCE PLAN

Eligibility

1. Employees under 65: All employees currently insured for group life insurance and their dependents will automatically be insured for major medical expense insurance. Enrollment in group life-major medical expense insurance will be reopened for a short period to permit those who previously waived insurance to get combined program, without medical examination.
2. Employees over 65 and Retired Employees: Employees over 65 with group life insurance and dependents at employee's 65th birthday. Future retired employees eligible for continuance of group life insurance and their dependents at time of retirement or age 65, whichever is earlier.

Financing

1. Employees under 65: Present employee contribution of 25 cents bi-weekly per thousand of life insurance will be continued as employees' contribution to combined program. Government contribution increased from  $12\frac{1}{2}$  cents to 25 cents bi-weekly per thousand of life insurance as Government's share of combined program. Thus, the cost of life-major medical insurance will be shared equally between employees and Government. The employee will receive the benefits of the expanded program for the same contribution he has in the past been making for group life, accidental death, and dismemberment insurance. The additional yearly cost to the Government is \$32,500,000.

2. Employees over 65 and Retired Employees: Benefits financed by employee-Government contributions made prior to retirement or age 65. The major medical expense insurance for these employees will draw from the group insurance fund an additional six million dollars yearly.

Benefits -- Employees under 65

1. Plan pays: 75 per cent of covered medical, hospital, and surgical expenses over certain yearly "deductibles" for each employee and dependent.
2. Deductibles: Hospital and surgical expenses -- Reimbursement for hospital expenses begins after \$500 of hospital expenses have been incurred in a calendar year. Reimbursement for surgical expenses begins after \$250 of surgical expenses in a calendar year. The \$500 and \$250 deductibles may be offset by benefits received from basic hospital and surgical insurance, which most employees have now.

Non-hospital, Non-surgical expenses -- Reimbursement for these expenses begins after \$100 has been spent for each covered individual in a calendar year. Higher deductibles are set in the case of higher-salaried employees. This deductible must be met out-of-pocket, and cannot be offset by basic health insurance benefits.

3. Maximum benefits: Benefits paid up to a maximum of \$10,000 for each covered individual. No more than \$5,000 payable in a calendar year. Ten thousand dollar maximum reinstated upon satisfactory proof of good health.

Benefits -- Employees over 65 and Retired Employees

1. Plan pays: 75 percent of covered medical, hospital, and surgical expenses (except hospital room and board) over yearly deductible for each covered individual. Employee may be reimbursed in full or in part for hospital room and board expenses by drawing against group life insurance. The maximum reimbursement will be one-half the ultimate amount of his life insurance. (The ultimate amount is 25 per cent of his insurance at age 65.)



2. Deductible: Reimbursement begins after \$200 of medical, hospital (except hospital room and board), or surgical expenses in a calendar year. No separate deductibles for different kinds of expense. Any benefits received from basic health insurance may be used to meet the \$200 deductible.
3. Maximum benefits: No more than \$5,000 paid to a family group (employee and all dependents). No more than \$2,500 in a calendar year. Maximums not reinstatable. Hospital room and board payments not counted towards \$5,000 and \$2,500 maximum.

#### Method of Insuring

1. Legislation: Major medical expense insurance will be provided by amendment to the Federal Employees' Group Life Insurance Act.
2. Purchase of Policy: A policy, or policies, will be purchased by the Commission from one or more insurance companies.
3. Reinsurance: The major medical expense insurance will be required to be reinsured, according to a prescribed formula, with all other interested, eligible, and legally competent insurance companies and community non-profit health insurance organizations. The reinsurance formula will favor smaller companies, as did the group life insurance reinsurance formula.

March 12, 1956

MAJOR MEDICAL EXPENSE INSURANCE PLAN FOR  
FEDERAL EMPLOYEES AND THEIR DEPENDENTS

Part A. Benefits Prior to Retirement or Age 65

1. Individuals Covered: All current employees insured for Group Life Insurance and their eligible dependents.
2. Benefits: For each covered individual, benefits are 75 per cent of the amount by which covered medical, hospital, and surgical expenses incurred in a calendar year exceed the following deductible amounts:

(1) Medical expense deductible--

If the Amount of Group  
Life Insurance is--

The Medical Expense De-  
ductible for each covered  
individual shall be--

\$1,000 through \$5,000	\$100
6,000 through 10,000	150
11,000 and over	200

The above medical expense deductible must be paid by or in behalf of each covered individual. Any cash or service benefits provided to a covered individual under any other policy or contract of insurance will not be counted towards the medical expense deductible.

(2) Hospital and surgical expense deductibles--

The hospital expense deductible for each covered individual will be \$500. The surgical expense deductible for each covered individual will be \$250.

Cash or service benefits for hospital and surgical expenses paid to or in behalf of a covered individual under any other policy or contract of insurance will be credited towards the hospital and surgical expense deductibles. If the basic health insurance provides benefits in excess of these deductibles, the major medical expense insurance will pick up where the other insurance leaves off.

3. Maximum Benefits: For each covered individual the maximum benefit payable is \$10,000 (\$5,000 in any one year); more than \$10,000 will be payable if the reinstatement requirements outlined in E--Other Benefit Provisions-- are satisfied,



Part B. Benefits After Retirement or Age 65

1. Individuals Covered:\*

- (a) All employees who retire prior to their sixty-fifth birthday and are then eligible for continuance of group life insurance and their dependents covered at retirement.
- (b) All employees in active employment who have reached their sixty-fifth birthday and who have group life insurance; and their dependents covered at the employee's sixty-fifth birthday.
- (c) All employees retiring on or after their sixty-fifth birthday and who are eligible for continuance of group life insurance; and their dependents covered at the employee's sixty-fifth birthday.

2. Benefits: For each covered individual, benefits are 75 per cent of the amount by which covered medical, hospital, and surgical expenses (other than hospital room and board) in any calendar year exceed \$200. Any benefits received from other insurance for covered medical, hospital, and surgical expenses may be used to offset the \$200. If the other insurance provides benefits in excess of this initial amount, the major medical expense insurance will pick up where the other insurance left off.

3. Maximum Benefits: The maximum benefit is \$5,000 for the employee's family group (as defined in Part F) with a maximum of \$2,500 in any calendar year. These maximum amounts will be available regardless of major medical benefits used before retirement or age sixty-five.

4. Hospital Room and Board Charges: These charges are not covered expenses and will not be counted toward the \$200. However, an employee may be reimbursed in full or in part for hospital room and board expenses by drawing against his group life insurance. The maximum reimbursement will be one-half the ultimate amount of his life insurance (the ultimate amount is 25 per cent of the amount of his life insurance at his sixty-fifth birthday).

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\*Part A benefits for these individuals will continue through the end of the calendar year in which the employee retires or reaches age sixty-five, whichever is earlier.

### Part C. Covered Expenses

Covered expenses are charges incurred for services of the following kinds when performed or prescribed by a physician or surgeon and to the extent such expenses are reasonable, necessary, and customary:

1. Covered Medical Expenses (Counted toward the Medical Expense Deductible):

- (a) Services of physicians, including specialists, for other than surgical operations, such as:
  - treatment at home, office, or hospital
  - examination
  - diagnosis
  - consultation
  - injections
  - psychiatric care
  - pediatric care
- (b) Services of registered graduate nurses--other than a nurse who ordinarily resides in the employee's home or who is a member of the employee's immediate family.
- (c) Medical expenses when not covered as in-hospital expenses under No. 2 below, such as:
  - anesthesia
  - x-ray, laboratory, and other diagnostic services
  - oxygen and its administration
  - x-ray or radium treatment
  - drugs and medicines
  - rental of iron lung or other durable equipment, such as wheel chairs, required for temporary therapeutic use.
  - blood transfusions, including blood or blood plasma



(d) Physiotherapy, when the attending physician certifies that he has prescribed physiotherapy by duration and by specific type for the therapeutic treatment of the individual.

(e) Artificial limbs, artificial eyes, and other artificial replacements.

(f) Local professional ambulance service.

2. Covered Hospital Expenses (Counted toward the Hospital Expense Deductible):

The charges of a hospital required for medical care or surgical treatment including hospitalization for tuberculosis, mental or nervous disorders. When ward or semi-private accommodations are used there is no limit on the amount of the hospital's daily room and board charge that may be considered as a covered hospital expense. However, when private accommodations are used the maximum room and board charge to be counted as covered expense will be equal to  $3/4$  of the hospital's charge for the accommodations occupied. Reimbursement will be limited to 75 per cent of this reduced amount. For individuals covered under Part B, hospital room and board charges will not be covered, but other hospital expenses will be covered.

3. Covered Surgical Expenses (Counted toward the Surgical Expense Deductible):

Charges by surgeons and assistant surgeons, including pre- and post-operative care, for surgical procedures as defined under "Part F. Definitions."

Part D. Expenses Not Covered

The following expenses are not covered:

1. Expenses incurred for pregnancy or resulting childbirth, miscarriage, or Cesarean section, or for pre- or post-natal care. However, if there are severe medical or surgical complications for pregnancy commencing while insured, any additional medical, hospital, and surgical expenses due to such complications will be covered. Severe complications include extra-uterine pregnancy or complications requiring intra-abdominal surgery after termination of pregnancy, as well as pernicious vomiting of pregnancy and toxemia with convulsions.
2. Dental care, treatment, and appliances, except dental surgery and appliances to the extent necessary for the correction of damage caused by accidental injury or impairing illness suffered while insured.

3. Cosmetic surgery or treatment, except to the extent necessary for correction of damage caused by accidental injury or impairing illness suffered while insured.
4. Any expenses resulting from an injury arising out of or in the course of employment or from a sickness for which the individual is entitled to benefits under any workmen's compensation or occupational disease law.
5. Eyeglasses, hearing aids, and examinations for prescription or fitting thereof, except to the extent necessary for correction of damage caused by accidental injury while insured.
6. Any services received from any facility contracted for or operated by any Government agency which are or may be obtained without cost to the individual by compliance with laws or regulations enacted by any Federal, State, Municipal, or other governmental body.
7. Services received for injury or sickness due to war (declared or undeclared) or any act of war, which act shall have occurred after the effective date of this plan. This provision will not exclude non-compensated expenses incurred after return to active employment following the injury or sickness referred to above.
8. Expenses for which payment or reimbursement is received by or on the account of the individual as a result of legal action or settlement from any other person or persons.
9. Expenses to the extent of benefits paid by any other insurance or services provided by any prepayment plan. If the other insurance has any provision similar to this provision, this plan will not pick up until benefits of the other insurance would have ceased without the application of such similar provision.

NOTE: Hospital expenses excluded in any calendar year because of items No. 1 and 9 above shall be counted toward the \$500 of hospital expense deductible in that calendar year. Surgical expenses and expenses for obstetric procedures excluded in any calendar year because of items No. 1 and 9 above shall be counted toward the \$250 surgical expense deductible in that calendar year.

#### Part E. Other Benefit Provisions

1. Common Accident Provision: A separate deductible will be applied to each covered individual, except in the event of a common accident. If two or more covered members of an employee's family are injured in the same accident, covered medical expenses which result from the accident in the calendar year of the accident



and in the following calendar year will be combined and one medical expense deductible will be charged against all such medical expenses. The same procedure shall also be applicable to hospital and surgical expenses and deductibles. In such a case, the one medical expense deductible shall be that applicable to the injured member who has the largest deductible at the date of the accident.

2. Carry-over Provision for Medical Expenses: So that an individual may not have to meet two medical expense deductible requirements within a relatively short period of time, covered medical expenses incurred while insured during the last three months of a calendar year and charged to the medical expense deductible amount for that year will be used to reduce the deductible amount for the next calendar year.

3. Hospital and Surgical Expenses Commencing in One Year and Ending in Another:

To avoid the necessity for an individual having to meet more than once the hospital and surgical expense deductible amounts when such expenses start in one calendar year and continue into another:

- (a) Only one hospital expense deductible will be applicable to hospital charges incurred during one continuous period of hospital confinement or successive periods of hospital confinement not separated by three months or complete recovery.

- (b) Only one surgical expense deductible will be applicable to surgical fees for surgical operations not separated by three months or complete recovery.

4. Reinstatement of Maximums: At any time after \$1,000 in benefits has been paid on account of any one individual, application may be made for reinstatement of the \$10,000 maximum amount payable. This reinstatement depends upon the acceptance by the insurance company of satisfactory evidence of complete recovery. This may include submission of evidence of insurability, furnished at the individual's own expense. An employee but not a dependent will be considered completely recovered, without submission of evidence of insurability, if he has been continuously at work for a year without medical care for other than a minor ailment. This provision does not apply to benefits after retirement or age sixty-five.

5. Changes in Amount of Life Insurance During the Calendar Year: If the amount of group life insurance changes during a calendar

year so as to place the employee in a different medical expense deductible classification, the new deductible amount will be effective at the beginning of the calendar year after the year in which the change is made. If a change in the amount of group life insurance is made on January 1, the new deductible amount will be effective on the same day.

#### Part F. Definitions

1. The term "children" includes (1) the employee's own children and legally adopted children, (2) stepchildren who reside in the employee's household, and (3) children supported by the employee and permanently residing in the household of which the employee is the head.
2. The term "dependent" means
  - (1) in the case of any male employee--
    - (A) his wife;
    - (B) his unmarried children under twenty-one years of age, and his unmarried children over twenty-one years of age incapable of self-support by reason of mental or physical disability, and who became so incapable before reaching age twenty-one;
  - (2) in the case of any female employee--
    - (A) her husband, if he is incapable of self-support by reason of mental or physical disability;
    - (B) her unmarried children under twenty-one years of age, and her unmarried children over twenty-one years of age incapable of self-support by reason of mental or physical disability, and who became so incapable before reaching age twenty-one; Provided, That her husband is deceased or is a dependent included in (A) immediately preceding, or Provided, That the children have received no support from a father, a step-father, or adoptive father within the preceding year.



The fact of dependency and disability will be determined by the Civil Service Commission. Its decision with respect to such matters will be final and conclusive and not subject to review. The Commission may order or direct at any time such medical or other examinations as it deems necessary to determine the facts relative to the nature and degree of disability of any such dependent. A child or wife will not be considered a dependent if he or she either (a) is insured as an employee under this plan or (b) is in the armed forces of any country. No person will be covered both as an employee and as a dependent, and no person may be considered as a dependent of more than one employee.

3. Physician: An individual legally licensed to practice medicine and to administer all drugs, or to perform all surgery.
4. Drugs and Medicines: Drugs and medicines requiring a physician's prescription, dispensed by a licensed pharmacist or physician, and necessary to the treatment of a particular illness.
5. Hospital: A regularly constituted hospital operated for the care and treatment of sickness and injuries and having facilities for diagnosis, major surgery, and 24-hour nursing service. For a hospital primarily concerned with the treatment of chronic diseases, the major surgery requirement will be waived if it meets all the other requirements. The term "hospital" may not include an establishment that is, other than incidentally, a place for rest, a place for the aged, a place for drug addicts, a place for alcoholics, a nursing home, a hotel, or the like.
6. Hospital Charges: Charges billed by a hospital for services by the hospital staff or employees to an in-patient for surgical and medical diagnosis and treatment. Examples of such services are: room and board, including regular nursing services, anesthetics, use of operating room, x-rays, laboratory services, drugs and medicines, and similar hospital services.
7. Surgical Procedures: These include but are not limited to incision, excision, endoscopy, repair, manipulation, suture, introduction, destruction, amputation, surgical collapse therapy.
8. Family Group: As used in Part B, this means the employee and the employee's spouse and dependent children covered on the employee's sixty-fifth birthday or at retirement, if retirement occurs prior to age sixty-five.
9. Local Professional Ambulance Service: This includes professional ambulance service when used to transport the individual from the place where he is injured by an accident or stricken by an illness to the first hospital where treatment is given, or to another hospital in the area when such change of hospitals is necessary and recommended by the attending physician. Also

included is local professional ambulance service from a hospital to the patient's home when made necessary by the patient's condition. No other charges for transportation or travel are covered.



Part G. Effective Date of Insurance

1. All employees insured for group life insurance on the effective date of the major medical expense insurance, except those retired prior to that date, will be automatically covered on that date.
2. Any employee retired prior to the effective date of the major medical expense insurance will become insured on the first day after his return to work that he is insured for group life insurance.
3. Any employee becoming insured for group life insurance after the effective date of the major medical expense insurance will become insured on the effective date of his life insurance.
4. Insurance for the dependents then eligible will become effective on the date the employee's insurance become effective.
5. New dependents acquired after the employee becomes insured will become insured on the date the employee acquires such dependents.
6. In order to be reimbursed, a charge for a covered expense must be incurred while the individual is insured. If, on the effective date of an individual's insurance, the individual is confined in a hospital or other institution for care or treatment or is confined at home under the care of a physician or surgeon because of a disabling physical or mental sickness or injury, reimbursement will not be made for expenses which are incurred prior to the date that such individual has been discharged from the hospital or other institution, and is no longer confined at home under the care of a physician or surgeon.

Part H. Discontinuance of Insurance

The major medical expense insurance, except as noted in "Part I. Major Medical Expense Insurance After Retirement," stops on the earliest of the following dates:

- (1) The date of separation of the employee from the service.
- (2) The date a period of twelve months of continuous non-pay status ends for the employee.
- (3) The day immediately before the day the employee enters active military duty (except when the employee has been granted military leave with pay from his civilian position).
- (4) For any surviving dependent of a deceased employee, the end of the calendar year in which the employee dies.
- (5) The date of any other change in employment resulting in loss of eligibility for group life and major medical expense insurance.
- (6) The last day of the pay period during which the employing office receives a waiver of life and major medical expense insurance from the employee.

- (7) The date of termination of the major medical expense insurance plan.
- (8) For a dependent of an employee whose major medical expense insurance has not terminated: the date that such person ceases to be a dependent as defined in Part F.

Continuation of Benefits After Insurance Stops: If the employee or one or more of his dependents is confined in a hospital or other institution for care or treatment, or is confined at home under the care of a physician because of a disabling physical or mental sickness or injury on the date major medical expense insurance stops, benefits will be continued for covered expenses incurred for that individual before the date the individual is discharged from the hospital or institution and is no longer confined at home under the care of a physician; but benefits will not continue beyond a year from the date on which the major medical expense insurance stops.

For a pregnancy existing on the date the major medical expense insurance stops, benefits will be payable for severe medical or surgical complications of that pregnancy for covered expenses incurred prior to the end of one year from the date on which such pregnancy terminates.

#### Part I. Major Medical Expense Insurance After Retirement

If at the time the major medical expense insurance would otherwise stop under items No. 1 or No. 2 of "Discontinuance of Insurance" the employee is retired and is eligible for continuance of group life insurance, the major medical expense insurance will be continued under Part B. The change in coverage from Part A to Part B will become effective on the first day of the calendar year next following the date of the retirement. If on the date of such change, a covered individual is confined in the hospital or other institution for care and treatment or is confined at home under the care of a physician because of a disabling physical or mental sickness or injury, Part A benefits will be continued for covered expenses incurred for that individual before the date the individual is discharged from the hospital or institution and is no longer confined at home under the care of a physician, but Part A benefits will not continue beyond the end of the calendar year following the year in which the employee's retirement occurred. In the case of any such individual, Part B benefits will become effective when Part A benefits provided by the preceding provisions cease to apply.

#### Part J. Claims and Benefits

Benefits under the plan are payable by the insurance company upon receipt of proof of claim. The date the expenses are incurred is the date the service is received or the purchase of a drug is made; not the date a bill for services or purchases is received. Claims will be filed with the insurance company through the employing office of the employee. The employing office will supply claim forms. It is the responsibility of the employee to furnish proof of loss within the time prescribed. Proof of claim must be filed not later than 90 days after the end of the calendar year in which the loss for which claim is made is incurred unless it is not reasonably possible to do so and proof is filed as soon as is reasonably possible. The insurance company reserves the right to medically examine



an individual for whom claim is made. In the event an individual is entitled to receive payment or reimbursement from any other person or persons as a result of legal action or claim with respect to any expenses paid or reimbursed to him under this plan, the insurance company shall be entitled to rights of subrogation against such other person or persons.

#### Part K. Certificate

The employee will receive a supplement to the Federal Employee's Group Life Insurance Certificate describing the Major Medical Expense Insurance Plan.

#### Part L. Amendment or Termination

The major medical expense insurance may be modified or terminated as may be required by any change in the Federal Employees' Group Life Insurance Act of 1954 or for any other reasons. The Commission will be authorized, after consultation with the employee advisory committee, to increase, decrease, or otherwise change the Major Medical expense benefits. The actuarial value of the changed benefits must be at least 75 per cent of the actuarial value of the benefits enacted. Any such modification or termination, however, will not affect adversely any claim for covered expenses incurred prior to the effective date of such amendment or termination.

#### Part M. Payment of Benefits

Benefits of major medical expense insurance are for the purpose of reimbursing the employee or the employee and his dependents for expenses actually incurred. Benefits are payable only with respect to charges that would have been made even if no insurance existed and that the employee (or a dependent of the employee) is legally obliged to pay.

The first part of the paper is devoted to a discussion of the general principles of the theory of the structure of the atom. It is shown that the structure of the atom is determined by the laws of quantum mechanics, and that the structure of the atom is determined by the laws of quantum mechanics.

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